

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 04-13-2011

Address: 261 W. US 6 ROOM #3

Case #: 22F47326

LIGONIER, IN.

County: NOBLE

46767

Type of Laboratory Seizure (check one)

- ☒ Operational Lab
☐ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☐ Residence
☐ Outbuilding
☐ Vehicle
☒ Hotel/Motel
☐ Open - No Structure
☐ Other: _____

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s): _____
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Flammable Solvents: bedroom
☐ Water Reactive Metal (Lithium): _____
☒ Hydrochloric Acid Gas Generator(s): trash
☐ Anhydrous Ammonia: _____
☒ Corrosive Acid: bathroom
☒ Corrosive Base: bedroom
☐ Other (item and location): _____

Child under age 18 discovered (check appropriate)

- ☐ Yes _____ (number present)
☒ No
☐ Children not present but evidence they reside or visit often
Living conditions of home: ☐ clean ☐ disarray ☐ unclean
Estimated length of time manufacturing had been occurring: _____
Additional Information: _____

This report has been faxed* to the following agencies that serve the location:

Fire Department: LIGONIER FD

Fax: E-MAILED

Health Department: NOBLE CO

Fax: E-MAILED

Department of Child Services: _____

Fax: _____

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: DOUG JACKSON Phone 260-432-8661

* This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.